

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 8, 2006

ALL-COUNTY INFORMATION NOTICE NO. I-42-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERSReason For This Transmittal

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☒ Initiated by CDSS

SUBJECT: STATE COMPENSATION INSURANCE FUND FORMS ORDERING
PROCEDURE

REFERENCE: ALL-COUNTY LETTER 06-03

The purpose of this All-County Information Notice (ACIN) is to inform counties of a change in State Compensation Insurance Fund (SCIF) procedure for ordering the New Employees Guide for Workers Compensation (SCIF 15765). All-County Letter (ACL) 06-03 directed counties to call Brenda Morua at (951) 697-7368 or email her to order the form. The new procedure is to fax your request, on letterhead, to Delia Romero, State Compensation Insurance Fund, State Contracts Office, at (951) 697-7301. Please include the number of forms you are requesting and the address to where the forms shall be sent. The Department has been advised by the SCIF representative that the requests for forms will be limited to the amount in stock at the time of the order; therefore counties may not receive the number of forms that is customarily requested.

If you have any questions regarding the information in this ACIN, please contact Suzie Nicholls-King, Policy Analyst, Policy Development Unit, at (916) 229-4000.

Sincerely,

Original Document Signed By:JOSEPH M. CARLIN
Deputy Director
Disability and Adult Programs Divisionc: State Compensation Insurance Fund, State Contract Services, Sacramento
State Compensation Insurance Fund, State Contracts Office, Riverside
Department of General Services, Office of Risk Management